



18 & 19-YEAR-OLDS
HIGH SCHOOL/GED LOG

Sunday _____ to Saturday _____
Due Date _____ Time _____

Participant's Name: _____ Client/Recipient ID: _____
(Print First & Last Name)

Signature of Participant: _____

By signing above, I agree that the information I am providing is true and accurate.

CHECK ONE: GED High School Completion

NAME OF EDUCATIONAL INSTITUTION: _____

DATE	ACTUAL HOURS OF PARTICIPATION	

Total Actual Hours: _____

INDIVIDUAL VERIFYING HOURS OF PARTICIPATION:

According to the educational institution's policy, I attest that the participant above has had satisfactory attendance in the high school completion or GED program.

Name: _____ Date: _____

Signature: _____ Phone Number: _____